



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Speech Therapy Services

Policy Number: PG0285

Last Review: 04/10/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Speech therapy is the diagnosis, study and treatment of communication, speech and language in people of all ages to enable them to communicate to the best of their ability. Speech therapy is also used in the treatment of swallowing disorders. Speech and/or swallowing impairments may be the result of complications at birth, congenital anomaly, disease, injury or previous medical treatment. Speech therapy services are provided by, or under the direction of, licensed speech-language pathologists. Speech-language pathologists (also referred to as speech therapists) assess, diagnose, help prevent and treat disorders related to fluency (flow of speech), language, speech, swallowing and voice.

POLICY

Speech therapy services do not require prior authorization. Benefit limits may apply.

Procedure codes S9128 and S9152 are non-covered.

Electrical stimulation (97014, 97032, G0283) for swallowing/feeding disorders is non-covered.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Under many benefit plans, coverage for outpatient speech therapy and speech therapy provided in the home is subject to the terms, conditions and limitations of the Short-Term Rehabilitative Therapy benefit as described in the applicable benefit plan's schedule of copayments. Swallowing/feeding therapy is considered a form of speech therapy.

Outpatient speech therapy is the most medically appropriate setting for these services unless the individual independently meets coverage criteria for a different level of care.

Many benefit plans have exclusion language that impacts coverage of speech therapy, including any or all of the following:

- A maximum allowable speech therapy benefit for duration of treatment or number of visits. When this is present and the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met.
- Specific coverage exclusions for rehabilitative services for learning disabilities, developmental delays, autism, mental retardation and/or for treatments which are not restorative in nature

- Specific coverage exclusions for behavioral training/treatment or services that are considered educational and/or training in nature. In benefit plans where this exclusion is present, services that are considered training such as voice therapy for conditions such as voice disorders without evidence of an anatomic abnormality, neurological condition, or injury would not be covered.
- Specific coverage exclusions for myofunctional therapy for dysfluency (e.g., stuttering, spastic dysphonia or other involuntarily acted conditions) or functional articulation disorders (e.g., tongue thrust, lisp, verbal apraxia)
- Specific coverage exclusions for maintenance or preventive care consisting of routine, long-term, or non-medically necessary care provided to prevent recurrences or to maintain the member's current status
- Speech therapy is only covered for the restoration of speech due to impairment following acute injuries, diseases or conditions when the speech therapy services are expected to result in significant clinical improvement within two months.

If coverage is available for speech therapy, the following conditions of coverage apply.

Evaluation

Paramount covers an evaluation by an appropriate healthcare provider as medically necessary for EITHER of the following:

- assessment of a speech/language/voice impairment
- assessment of a swallowing/feeding disorder

A comprehensive aphasia assessment (96105) is generally covered once. Monthly or regular re-evaluations conducted to determine or document progress, e.g., Western Aphasia Battery, for a patient undergoing a restorative speech language pathology program, are to be considered a part of the treatment session and would not be covered as a separate evaluation for billing purposes. For patients with severe aphasia, comprehensive assessments would not be performed routinely without documentation explaining the need.

Speech/Language Therapy

Paramount covers as medically necessary EITHER of the following:

- A prescribed course of speech therapy by an appropriate healthcare provider for the treatment of a severe impairment of speech/language and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests that measure the extent of the impairment, performance deviation, and language and pragmatic skills assessment levels.
- A prescribed course of voice therapy by an appropriate healthcare provider for a significant voice disorder that is the result of anatomic abnormality, neurological condition, injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, paradoxical vocal cord motion) or provided after vocal cord surgery.

When ALL of the following criteria are met:

- The treatment being recommended has the support of the treating physician.
- The therapy being ordered requires the one-to-one intervention and supervision of a speech-language pathologist.
- The therapy plan includes specific tests and measures that will be used to document significant progress on a regular basis, not to exceed three months.
- Meaningful improvement is expected from the therapy.
- The therapy is individualized, and there is documentation outlining quantifiable, attainable short- and long-term treatment goals.
- For a child, the treatment plan includes active participation/involvement of a parent or guardian.

Swallowing/Feeding Therapy

Paramount covers swallowing/feeding therapy as medically necessary for individuals with swallowing and children with a feeding disorder when ALL of the following criteria are met:

- The swallowing or feeding disorder is the result of an underlying medical condition.

- The medical necessity of the therapy has been demonstrated by results of testing with a videofluorographic swallowing study (VFSS) or other appropriate testing in combination with an evaluation by a certified speech-language pathologist.
- The therapy plan includes specific tests and measures that will be used to document significant progress.
- Meaningful improvement is expected from the therapy.
- The treatment includes a transition from one-to-one supervision to an individual or caregiver provided maintenance level on discharge.

Not Covered

Paramount does not cover speech, voice therapy, or swallowing/feeding therapy in ANY of the following situations, as it is excluded from many benefit plans and considered not medically necessary when used for these purposes:

- any computer-based learning program for speech or voice training purposes
- school speech programs
- speech, voice therapy, or swallowing/feeding therapy that duplicates services already being provided as part of an authorized therapy program through another therapy discipline (e.g., occupational therapy)
- maintenance programs of routine, repetitive drills/exercises that do not require the skills of a speech-language therapist and that can be reinforced by the individual or caregiver
- vocational rehabilitation programs and any programs with the primary goal of returning an individual to work
- therapy or treatment provided to prevent or slow deterioration in function or prevent reoccurrences
- therapy or treatment intended to improve or maintain general physical condition
- therapy or treatment provided to improve or enhance job, school or recreational performance
- long-term rehabilitative services when significant therapeutic improvement is not expected
- swallowing/feeding therapy for food aversions

Paramount does not cover electrical stimulation (97014, 97032, G0283) for swallowing/feeding disorders because it is considered experimental, investigational or unproven.

Procedure codes S9128 and S9152 are non-covered.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function (for use by qualified speech therapist.)
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing (e.g., by Boston Diagnostic Aphasia examination) with interpretation and report, per hour
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
HCPCS CODES	

G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
S9128	Speech therapy, in the home, per diem
S9152	Speech therapy, re-evaluation

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 02/01/2010

01/01/11: No changes

08/11/15: Deleted code 92506 removed. Removed codes G0153 (PG0262 Home Health Services), and 92607-92609 (PG0135 Speech Generating Devices). Added codes 92521-92524, 97014, 97032 and G0283. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

04/10/18: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/18/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.